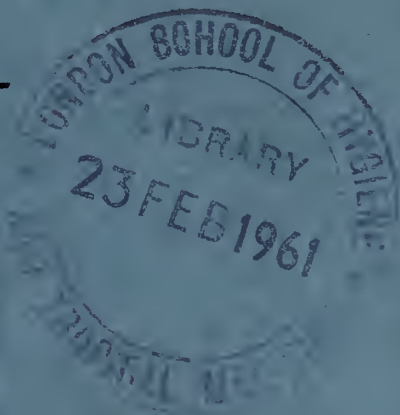


A.C. 4427



# Berkshire Education Committee.



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**REPORT**  
*of the*  
**SCHOOL MEDICAL OFFICER**  
*for the Year*  
**1950.**





# Berkshire Education Committee.

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**REPORT**  
*of the*  
**SCHOOL MEDICAL OFFICER**  
*for the Year*  
**1950.**



*To the Chairman and Members of the  
Berkshire Education Committee.*

I have the honour to present the Annual Report on the School Health Service for the year 1950. The year saw a further substantial growth in the school population. It was fortunately possible, during the year, to make considerable progress in the recruitment of school nurses, and, as a result, arrangements could be made for school nurses to be present at all medical inspections. This represented an improvement that had long been desired, but difficulties in recruitment of nurses had prevented such an arrangement in previous years. It was apparent, at the end of the year, that the growth of school population might render it necessary that medical staff also might need to be increased later, but it was considered that time should first be allowed in order to observe the effect of bringing the school nurses to the required number. Special reference was made to this matter in a report that was received from the Minister of Education, following a visit to the County by one of his medical officers. The arrangements for the reference of children for specialist consultation received very favourable comment in this report. On the other hand, it was indicated that the number of *special*, as opposed to *periodic*, medical inspections, and the number of re-inspections, still fell short of what was desirable. Considerable progress has been made in regard to special medical inspections. An endeavour has also been made to arrange for more follow-up work by the school nurses, in order to meet the needs of cases who, while not of a serious nature and requiring specialist consultation, still require observation, and would normally, under ideal conditions, be put down for medical re-inspection. An added difficulty, here, is concerned with the demands on the time of the medical staff that arise from routine inspections. When the new regulations of the Minister came into effect, the Committee, and many teachers, were concerned that the routine medical inspection soon after eight years of age, and the annual medical review at secondary school ages, should be retained, being of the opinion that gaps between medical inspections were otherwise too long. In accordance with the regulations, arrangements were made for these additional inspections to be continued. The result is that the demands of routine inspection press very heavily on the available time of medical staff. The reference of the more important cases for specialist consultation continues to reach a high standard. Progress has been made in regard to special medical inspections, and the increase of school nurses has allowed some progress also in regard to the following-up of the less serious cases, as well as being beneficial in many other ways. Nevertheless, it is probable that an increase of medical staff will eventually be required if all that is necessary is to be done for an increasing school population.

The two major difficulties, that have continued, concern dental inspection and treatment, and residential accommodation for educationally sub-normal children. The dental service has obtained very great benefit from the two mobile dental units, and these have proved to be even more useful than was expected. A dental surgery is an expensive item, and duplication of such equipment (as, for example, at numerous fixed centres) must be avoided as far as possible. On the other hand, children will not attend for treatment if they have to travel long distances for the purpose. This combination of factors is peculiar to the dental service, and the mobile unit meets the situation very well. The shortage of professional dental staff remains, however, and although Berkshire may have been more fortunate than some other areas, the situation is still very difficult indeed, and is referred to more fully in the Senior School Dental Officer's Report. The ascertainment of

educationally sub-normal pupils continues to increase, and the shortage of the necessary residential school accommodation continues, and represents, perhaps, the most serious deficiency of institutional accommodation under any head within the social services.

The School Health Service in the County has always placed special importance upon co-operation between the medical staff and parents. The attendance of parents at medical inspection continues to be gratifyingly high, and the Assistant School Medical Officers are becoming ever more aware of the value of this close personal touch with parents, and are tending to give more time to it. In addition, members of the medical staff have again given talks to various Parent-Teacher Associations, and this deserves special acknowledgment in that so much of it is carried out in spare time. This personal touch between medical officers and parents is, potentially at least, one of the main benefits of the School Health Service, and there is no doubt that a great deal is being done in this way in the schools of the County.

A special drive was carried out during the year to give effect to the policy of the Committee in assuring that all school milks should be either tuberculin-tested or pasteurised, and this was achieved. Towards the latter part of the year, all schools in the County were receiving milk of one or other of these grades. In a rural County many difficulties arise in completing a process of this kind, and considerable help was received from the staff of the Ministry of Food.

Once again, the most helpful co-operation has been received from medical practitioners and hospitals, and I should like to acknowledge the unfailing and invaluable help that has always been given by the Director of Education, and by teachers and all other members of his staff.

I should like to express my gratitude to the Chairman and Members of the Committee and of the Special Services Sub-Committee for all their help, and to pay a special tribute to the unremitting efforts of my staff.

E. C. H. HUDDY,

*School Medical Officer.*

*June, 1952.*

# Staff of the School Health Service 1950.

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## *School Medical Officer :*

E. C. H. HUDDY, M.D., B.S., D.P.H.

## *Deputy School Medical Officer :*

T. T. BAIRD, M.B., B.Ch., B.A.O., D.P.H.

## *Senior Assistant School Medical Officer :*

W. F. WAUDBY-SMITH, M.R.C.S., L.R.C.P.

## *Assistant School Medical Officers :*

E. M. BELL, M.B., B.Ch., D.P.H. (part-time).

D. L. V. FRASER, M.R.C.S., L.R.C.P., D.A.

V. L. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

M. T. I. JONES, M.B., B.S., M.R.C.S., L.R.C.P. (part-time ; resigned 12.3.50.).

H. A. MACKENZIE-WINTLE, M.R.C.S., L.R.C.P., D.P.H. (part-time).

P. J. McCLATCHEY, M.B., B.Ch., B.A.O., D.P.H. (part-time ; commenced  
3.4.50).

M. J. O'DONNELL, M.B., B.Ch., B.A.O. (part-time).

N. C. PARFIT, B.M., B.Ch., D.P.H. (part-time).

E. C. H. STEWART, L.R.C.P., L.R.C.S., L.R.F.P.S.

F. M. C. WOLFE, M.B., B.Ch., B.A.O.

## *Senior School Dental Officer :*

O. JACOB, L.D.S., R.C.S. (commenced 1.12.50).

## *Assistant School Dental Officers :*

MISS E. M. CURRIE, L.D.S.

C. C. GRANT, L.D.S.

MISS E. M. S. SCANLAN, L.D.S. (resigned 19.12.50).

MRS. F. TAYLOR, L.D.S. (part-time ; commenced 9.1.50).

H. TRELEAVAN, L.D.S. (part-time).

## *Speech Therapist :*

MISS A. M. BAIN, L.C.S.T.

## *Psychiatrists (part-time) :*

L. F. HUTTON, B.A., M.R.C.S., L.R.C.P.

M. E. E. WARD, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.

## *Educational Psychologist (part-time) :*

MRS. M. F. SCOTT-BLAIR, M.A., B.A., A.B.P.S.



*Clinical Psychologists: (part-time) :*

MRS. A. SINGER, Ph.D., Dip.Ed.Psy.

*Psychiatric Social Workers (part-time) :*

MISS E. CARBERRY.

MISS M. M. G. EWART, Dip.Ment.Health.

J. N. HOOKER, B.Sc.

*Orthoptist (part-time) :*

MRS. H. CAIGER-SMITH.

*School Nurses :*

MRS. E. M. BOLTON (part-time).

MISS E. E. CARDEN (commenced  
27.2.50).

MISS E. CARTER (part-time ;  
commenced 5.6.50).

MISS G. M. DOUBLEDAY (part-time ;  
commenced 17.7.50).

MRS. E. I. DOUGLAS-GILBERT  
commenced 14.2.50).

MRS. M. B. FOX (part-time ;  
commenced 1.1.50).

MISS E. HART.

MRS. E. M. HEWISON (commenced  
20.3.50).

MISS M. M. MULLALLY (part-time ;  
commenced 17.7.50).

MISS B. OWEN (part-time).

MISS K. M. STEPHENS (part-time).

MISS R. L. D. SULLIVAN (part-time ;  
resigned 24.1.50)

MISS K. M. TAYLOR (part-time).

MISS O. A. UNDERWOOD (part-time).

MISS C. E. WELLS.

MISS C. WILSON.

MISS E. S. WYLY (part-time) ;  
and District Nurses to the equivalent  
of 2 whole-time School Nurses.

*School Dental Attendants :*

MISS A. ADEY.

MISS P. ELTON.

MISS M. E. FROST.

MISS G. A. McNICOL.

MISS M. NORMAN.

MISS K. WALTERS.

*Unqualified Nursing Assistant :*

MISS K. E. WHALE.

# BERKSHIRE EDUCATION COMMITTEE

## School Health Service

### REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1950.

#### AREA, POPULATION, AND SCHOOLS.

<i>Area</i> (administrative county) ... ..	454,725 acres.
<i>Population</i> (Registrar-General's estimate) ...	289,230

#### *Schools :*

<i>Type of school.</i>	<i>Number of schools.</i>	<i>Number of children in attendance.</i>
Nursery Schools ... ..	13	444
Primary Schools (including All Age Schools) ...	225	24,733
Secondary Grammar Schools	12	3,656
Secondary Modern Schools	16	4,564
Totals ... ..	266	33,397

#### *Special Schools :*

Cold Ash Children's Hospital, near Newbury.  
Donnington Lodge Special School for the Deaf, near Newbury.  
Heatherwood Hospital, Ascot.

#### MEDICAL INSPECTION.

*Periodic Medical Inspections* are carried out in accordance with Regulation 49 (2) of the Handicapped Pupils and School Health Regulations, 1945, and children are accordingly inspected : (a) when admitted for the first time to a maintained school, as soon as possible after admission ; (b) during the last year of attendance at a maintained school ; (c) at Secondary Schools, during the last year of attendance. It is also provided under the Regulations that pupils shall be medically inspected " on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine," and under the latter part of this provision pupils are also medically inspected : (a) as soon as possible after attaining the age of eight years, and (b) at secondary school ages, as soon as possible after attaining the age of fourteen years, and annually thereafter, unless an equivalent inspection is provided during the pupil's last year.

*Special Medical Inspection* is carried out in respect of : (a) children referred on account of suspected defect by Head Teachers, parents, School Attendance Officers, Health Visitors, District Nurses, etc. ; (b) children within the various groups of Handicapped Pupils. In addition, re-inspection is provided in respect of many children found to be suffering from a defect, and



in need of follow-up, as the result of a previous medical inspection. Finally, absentees from medical inspection are given new appointments at the next opportunity at the particular school.

Medical inspections are generally carried out in the schools but, owing to increasing lack of space from the growth of the school population, more use is being made of outside premises with the approval of the Minister. In most schools, unfortunately, a special medical room is not provided, and a certain amount of interference with the normal routine work of the school is unavoidable. The carrying out of an efficient medical examination is also, of course, made more difficult.

In the last Report special reference was made to the importance of having an adequate staff of School Nurses for the proper carrying out of school medical inspection, for the bringing forward of special cases for inspection, and for the conduct of the follow-up work that arises. Owing to improved recruitment, it has now been possible to provide for the attendance of a School Nurse at almost all medical inspections. This has the added advantage that more cases can be seen by the doctor at each inspection, and the doctor is also able to discuss with the nurse the cases that need to be followed up.

#### HYGIENIC CONDITIONS IN SCHOOLS.

The Assistant School Medical Officers investigate the hygienic conditions in each school once a year at the time of medical inspection. Detailed reports are submitted and information regarding defects is passed to the Director of Education for action when this is considered to be necessary. A number of these defects are, unfortunately, of long standing, but many years of lack of materials and labour have greatly restricted work which would, otherwise, have been completed long ago. Defects are remedied as quickly as possible, many of the minor ones almost immediately, but a large number will have to wait until the present restrictions are lifted. The real solution, in many cases, lies only in rebuilding, a solution which at present appears to be far distant.

#### MILK IN SCHOOLS.

Free milk is supplied to all children in attendance at school, and there is no doubt that this has a considerable effect upon the maintenance of the high standard of nutrition which prevails. An average of over 25,000 children were supplied daily during the year.

Every effort has been made to obtain either Tuberculin Tested or Pasteurised milk for the children and, by the end of the year, all schools were receiving one or other of these two grades.

#### SCHOOL MEALS.

The facilities for the provision of Meals in Schools are still being improved and enlarged. There is no doubt that the supply, in this way, of a really good mid-day meal has also had a marked effect on the general condition and nutritional state of the children. An average of 18,764 meals a day were supplied for payment during the year, and a further 1,537 were supplied free.

A special report by the School Meals Officer will be found on page 18.

### PHYSICAL TRAINING IN SCHOOLS.

A special report by the Physical Training Organisers appears on page 19.

A considerable amount of work is done by the medical staff with respect to children who, on health grounds, require the reduction, or even the suspension for the time being, of their physical training activities. Information on such cases is derived largely, of course, from medical inspection, but it also comes from hospitals and medical practitioners, and all such cases need periodic review.

### EMPLOYMENT OF SCHOOL CHILDREN.

Applications were received in respect of 262 children for the issue of Employment Certificates, under the Children and Young Persons Act, during the year. A medical examination was made in each case. This number remains fairly constant and the average has been about 280 a year. No Certificate was rescinded on the ground that employment out of school hours was found to be detrimental to the health of the child. The following list shows the number of children employed during 1950, classified into the various types of employment :—

Newspaper Delivery	...	...	...	...	...	173
Errands	...	...	...	...	...	32
Horticultural and Agricultural Work (light)	...	...	...	...	...	26
Domestic Work	...	...	...	...	...	5
Meat Delivery	...	...	...	...	...	5
Shop Assistant	...	...	...	...	...	4
Milk Delivery	...	...	...	...	...	3
Bread Delivery	...	...	...	...	...	2
Telegrams	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	11
Total	...	...	...	...	...	262

There are always certain children for whom it is particularly desirable that they should not be engaged, on leaving school, in certain types of employment or under certain working conditions. Special attention is paid to these children on the occasion of their last medical inspection at school and, when necessary, the prescribed certificates are issued by the Assistant School Medical Officer conducting the inspection. These certificates define the types of employment or working conditions for which it is considered that the child is unsuitable. A total of 12 such certificates were given during the year, 11 for boys and 1 for a girl. All such certificates are forwarded to the local Youth Employment Bureau.



# FINDINGS OF MEDICAL INSPECTION AND ARRANGEMENTS FOR TREATMENT.

## NUTRITION.

The Assistant School Medical Officers assess the nutritional state of all the children examined in the periodic age groups. The following table is a summary of the findings for 1950, and those for the previous year :—

<i>Groups.</i>	<i>1949.</i>		<i>1950.</i>	
	Number.	Per cent.	Number.	Per cent.
A (good) ...	2,948	26.5	3,039	27.0
B (fair) ...	7,332	66.0	7,430	66.1
C (poor) ...	815	7.3	755	6.7

There has been a tendency in the last year or two for the percentage of children in group B to increase relatively, and there is at the same time some reduction of group C, and a rather larger reduction of group A. When considering this, it must be remembered that the nutritional groups were changed in the year 1947. In 1946 there were four groups (A, excellent ; B, normal ; C, slightly subnormal ; and D, bad). It must be borne in mind, in particular, that under the new classification into three groups the new " B (fair) " group is intended to be equivalent to the former " B (normal) " group, and the word " normal " should be especially noted in this connection. My impression is that the tendency for this " normal " group to increase at the expense of the " good " (formerly " excellent ") group is due to the adoption of higher, and stricter, standards by the inspecting medical staff. To that extent, the value of the figures may be said to have increased, and I think that the reduction of the proportion of children found to have unsatisfactory nutrition is evidence of genuine improvement. Many efforts have been made to discover some definite measurement of " nutrition " ; but all such efforts have so far failed, and it is doubtful if, indeed, any such system of measurement can ever be obtained. It has been suggested that the concept of " nutrition " should cease to be used, and that the " general condition " of the child should be assessed and recorded. Meanwhile, the assessment continues to be made on the basis of the individual medical officer's clinical estimate, in which a very large number of factors are taken into account, including the physical type of the child (many apparently very " small " children are of perfectly normal nutrition), and its capacity for, and enjoyment of, both physical exercise and school work. It is probable, indeed, that a competent medical officer will make much the same assessment, whether the scale be one of " nutrition " or of " general condition."

Full statistical details will be found in Table 2 on page 24.

## CHILDREN REQUIRING TREATMENT.

A total of 1,777 individual children were found to be suffering from 2,048 defects of varying types, all of which were considered to require treatment. This means that 15.8% of all the children examined at periodic medical



inspection were in need of some form of treatment. The corresponding figures for the previous year were 1,939 children (17·4 per cent. of the total) with 2,488 defects.

#### SKIN DISEASE AND MINOR AILMENTS.

A total of 5,025 attendances were made at the Minor Ailments Clinics in the Boroughs of Maidenhead, Newbury, and New Windsor. Children living outside these boroughs are able to obtain treatment from either School or District Nurses, at the out-patient departments of hospitals, or from general medical practitioners. The School Nurses alone treated 1,188 cases of minor ailments, during the year, among these children.

These figures show a tendency to fall, and this is probably due to the provision, under the National Health Service, of free general medical practitioner and hospital treatment for all. There is no doubt that parents are taking advantage, and increasingly, of these facilities. Many medical practitioners have observed a marked tendency for parents to mention, when they consult the doctor, any other comparatively minor trouble that may be affecting a member of the family, particularly a child, other than the patient whose illness has given rise to the consultation in the first instance.

Skin diseases were, once again, less prevalent, and the incidence of impetigo and scabies continues to decrease. This drop, since the war, has been very noticeable, as is shown in the following table giving the numbers of cases in recent years :—

<i>Disease.</i>	<i>1946.</i>	<i>1947.</i>	<i>1948.</i>	<i>1949.</i>	<i>1950.</i>
Impetigo ...	554	278	190	80	54
Scabies ... ..	205	119	51	12	7

It was not found necessary during 1950 to provide X-ray treatment for any cases of ringworm.

#### UNCLEANLINESS.

A total of 67,921 routine examinations were made in the schools by the School Nurses during the year. Of this number, 1,436 children were found to be in a verminous condition ; of this latter number, 88 were excluded from attendance at school for periods of varying length. Re-examinations were made in 21,442 instances, and 777 children were found still to be in a verminous condition ; of these, 50 were re-excluded.

The School Nurses made a total of 1,480 *home visits* during the year, in connection with both Verminous Conditions and Minor Ailments combined.

The problem of verminous infestation is always a problem of the family rather than of the individual child. In the work of the School Nurses, therefore, special emphasis is laid on the treatment of the family as a unit. On this basis, and provided that the investigation of all members of the family can be carried out (and in this connection older daughters who go out to work are often of special importance) much can be done towards the control, or even the elimination, of this trouble. In the absence of such a family approach, however,

treatment of the individual school child alone is generally a waste of time, and this principle is of equal importance in regard to the now rare (but, during the war, very common) condition, scabies.

#### EYES (DEFECTIVE VISION, SQUINT, AND EXTERNAL EYE DISEASES).

All children found at periodic medical inspection to be suffering from defective vision, squint, or external eye disease are referred to ophthalmic surgeons ; in addition to cases arising in this way, 159 requests were received from parents, teachers, hospitals, and school or district nurses for children to attend the eye clinics during the year. Eye clinics were held on 167 occasions at 15 centres.

The following table summarises the work carried out at these clinics during the year, and gives the corresponding figures for the previous year:—

	1949	1950
Number of children examined or re-examined ...	3,313	3,272
Number recommended to obtain spectacles ...	868	581
Number recommended treatment other than by spectacles ... ..	142	114

Owing to the fact that spectacles are now supplied through private opticians under the National Health Service Act, it is no longer possible to give the actual number supplied to school children. It is gratifying to note, however, that the time lapse between the ordering and actual supply of spectacles has now been considerably reduced.

During the year the general policy of Regional Hospital Boards towards the question of school eye clinics was defined, and the Boards decided that they would provide the medical staff at special eye clinics for school children, provided that the education authority made all other provision. This decision was of considerable benefit to the school children, and to the authorities, and it is a great advantage that these special clinics can still be provided, by co-operation between the hospital service and education authorities, in order that school children may receive prompt attention in cases of eye trouble, without having to travel the large distances that might be entailed if they could go only to major hospital centres. Owing to difficulties that arose during the period of transition, the school eye clinics in the eastern part of the County were closed during the latter part of the year, and the fall in the attendances (shown in the figures given above) is due to this.

Cases of squint are treated by Orthoptists at special clinics, and these are held at five centres, as follows :—

Eye Hospital, Oxford,  
Greenham House, Newbury,  
The Hospital, Maidenhead,  
Royal Berkshire Hospital, Reading,  
King Edward VII Hospital, Windsor.

Operative treatment for squint is provided at hospitals in Oxford or Reading.

One new case was admitted to a Special School for the Blind during the year which, with 3 cases already in, made a total of 4 children receiving education and training at such schools during 1950. No cases were discharged before the end of the year.



There were no new admissions to Special Schools for the Partially Blind during the year, but financial responsibility was accepted from the Gloucestershire Education Committee for one child whose parents moved into Berkshire during the year ; this, with 3 cases still in on 1st January, 1950, made a total of 4 children who were undergoing training and education during 1950 at such schools. No child had been discharged by the end of the year.

#### EAR DISEASE.

The School Nurses visit all cases of ear disease when it is known that no doctor is in attendance, and the parents of the children concerned are strongly urged to seek the necessary treatment. In the majority of instances this treatment was obtained from either general medical practitioners or the special clinics at general hospitals.

There were 464 cases of otitis media and 24 children with other ear conditions who were considered to need treatment.

Four new cases were admitted to Special Schools for the Deaf during the year ; these, with 28 undergoing education and training on 1st January, 1950, made a total of 32 children in such schools during the year. One case was discharged before the end of the year.

Three new cases were admitted to Special Schools for the Partially Deaf ; as 7 children were already in on 1st January, 1950, a total of 10 cases were receiving training and education during the year in such schools. Two children had been discharged prior to the end of the year.

#### NOSE AND THROAT CONDITIONS.

Cases of enlarged tonsils and adenoids considered to require operative treatment are referred to the ear, nose and throat specialists at the general hospitals. Operative treatment is carried out at the following hospitals :—

Abingdon, Warren Hospital.  
 Newbury, District Hospital.  
 Oxford, Radcliffe Infirmary.  
 Reading, Royal Berkshire Hospital.  
 Savernake, The Hospital.  
 Wallingford, District Hospital.  
 Wantage, Cottage Hospital.  
 Windsor, King Edward VII Hospital.

Reports have been received regarding in-patient treatment which was provided for 258 children during the year at the various general hospitals. A further 234 children attended in the out-patient departments.

The number of cases actually referred to the various hospitals during the year was 172. This is a figure that shows a tendency to decline, due to the more conservative outlook that now prevails in regard to the operative treatment of " tonsils and adenoids."

#### SPEECH.

All children considered at periodic medical inspection to be suffering from a speech defect requiring treatment are referred to either the full-time Speech Therapist, or to the Therapist at the Radcliffe Infirmary, Oxford ; a few cases are also treated at the King Edward VII Hospital, Windsor.



A number of requests for treatment are usually received from other sources and these are similarly referred for treatment. Clinics are held by the full-time Speech Therapist at the following centres :—

Didcot, Old Boys' School.  
Maidenhead, The Wilderness.  
Newbury, Greenham House.  
Reading, 11, Abbot's Walk.

All these clinics are held weekly, except the one at Reading which is arranged twice a week. A total of 85 children made 1,211 attendances during the year at the clinics, an average of 14 attendances per child. The average attendance for 1949 was 14. There were 45 new cases among the total of 85, and only one child was recalled owing to a relapse in the condition of the speech.

The following list gives the diagnosis of new cases :—

Articulatory Defects ... ..	20
Stammering ... ..	11
Articulatory and Vocal Defects ... ..	4
Cleft Palate Speech ... ..	4
Articulatory Defects and Stammering ... ..	2
Defective Nasal Tonality ... ..	2
Articulatory Defect and Delayed Speech ... ..	1
Delayed Speech ... ..	1
Total ... ..	45

By the end of the year 25 cases had been discharged for the following reasons :—

Cured ... ..	15
No further improvement possible ... ..	5
Failed to complete attendances ... ..	3
Left county ... ..	1
Refused further treatment ... ..	1
Total ... ..	25

A total of 60 cases were still undergoing treatment at the end of the year, while a further 45 cases were on the waiting list for examination by the Speech Therapist. An additional 5 cases were also under treatment at the King Edward VII Hospital, Windsor, where a total of 35 attendances were made during the year. In four cases the children were discharged during the year for the following reasons :—

Cured ... ..	2
Treatment suspended... ..	1
Failed to complete attendances ... ..	1
Total ... ..	4

One new case was admitted to a Special School for Children with Speech Defects ; with 3 children still in on 1st January, 1950, a total of 4 cases were undergoing education and training in such schools during the year. No case had been discharged prior to the end of the year.

## DENTAL DEFECTS.

A Special Report by the Senior School Dental Officer will be found on page 15, and the statistical table appears on page 27.

## HANDICAPPED PUPILS.

All children coming within the various groups of Handicapped Pupils were examined at the periodic medical inspections, together with all new cases considered likely to require treatment.

## MISCELLANEOUS DEFECTS.

The following list shows the number of cases admitted to Homes and Hospitals, and the reasons for their admission : —

Debility	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	2
Asthma...	...	...	...	...	...	1
Asthmatic Bronchitis...	...	...	...	...	...	1
Bronchitis and Pneumonia	...	...	...	...	...	1
Carditis...	...	...	...	...	...	1
Chronic Bronchitis and Debility	...	...	...	...	...	1
Pneumonia	...	...	...	...	...	1
Pneumonia and Whooping Cough	...	...	...	...	...	1
Recurrent Tonsilitis and Underweight	...	...	...	...	...	1
Rheumatic Fever	...	...	...	...	...	1
Tuberculous Diathesis	...	...	...	...	...	1
Total	...	...	...	...	...	16

Information was received that 121 children obtained in-patient treatment and that a further 370 attended in the out-patient departments of hospitals, for a variety of complaints, during the year. In all such cases, details of the condition are entered on the child's school medical record.

## SPASTIC PARALYSIS.

The Spastic Children unable to attend school are supervised in their own homes ; 6 cases received Home Teaching from the specialist Home Teacher during the year.

A small group of these children are given tuition by the special teacher at the home of one of them. This provides association with other children for those who would otherwise be isolated.

No new cases were admitted to Special Schools during 1950, but one child was already receiving education and training on 1st January, 1950, and had not been discharged by the end of the year.

## DISEASES OF THE HEART AND CIRCULATORY DISORDERS.

All children suffering from heart defects which did not prevent their attendance at school were supervised by the Assistant School Medical Officers. Those who were unable to attend school were visited in their homes. The number of children with a heart condition considered to require treatment during 1950 was 54.

Two new cases were admitted to Heart Homes during the year ; with 2 children still in on 1st January, 1950, a total of 4 cases were undergoing treatment in such homes during 1950. None of these children had been discharged before the end of the year.

A Special Unit for Research into Acute Rheumatism has been established at the Canadian Red Cross Memorial Hospital, Taplow, Buckinghamshire. The work of this Unit is of considerable interest and value, and its proximity to Berkshire is an advantage to the School Health Service of the County ; 24 school children from the County were admitted to the Unit during the year.

#### TUBERCULOSIS.

During 1950 a number of children were referred to the Chest Physicians. There were 13 cases of pulmonary tuberculosis in school children notified during 1950, and 7 were admitted to sanatoria. A further 26 new cases of non-pulmonary tuberculosis were notified during the year, and 19 were admitted to hospital. These figures show but little change from those of last year, when the corresponding figures were :—

Pulmonary cases notified	...	...	...	9
Admitted to sanatoria	...	...	...	18
Non-pulmonary cases notified	...	...	...	23
Admitted to hospitals	...	...	...	25

#### ORTHOPAEDIC DEFECTS.

The treatment of all school children in Berkshire referred on account of crippling defects is carried out by, or under the supervision of, the staff of the Wingfield-Morris Orthopaedic Hospital, Oxford.

Clinics are held at the following centres :—

Abingdon, Warren Hospital.  
 Henley, Southfield Hall.  
 Maidenhead, The Hospital.  
 Newbury, Greenham House.  
 Oxford, Radcliffe Infirmary.  
 Reading, Royal Berkshire Hospital.  
 Wallingford, Memorial Hospital.  
 Wantage, Cottage Hospital.  
 Windsor, King Edward VII Hospital.  
 Wokingham, Memorial Clinic.

A total of 293 children were either referred for, or were still under treatment at these clinics during the year. In-patient treatment is provided at the Wingfield-Morris Orthopaedic Hospital, but information is no longer available as to the actual number who were so treated.

One child was admitted to a Special School during the year and this, with 3 cases already in on 1st January, 1950, made a total of 4 children



receiving special treatment and education during 1950. None of these cases had been discharged before the end of the year.

Statistical details will be found in Table 4 on page 26.

It will be noted that the number of cases found at periodic inspection to be in need of treatment remains fairly high, but quite a large number of these (91) are at Secondary Grammar Schools, and they consist almost entirely of postural defects and flat feet. In these cases the treatment consists nearly always of remedial exercises which are performed at the schools, under the supervision of qualified gymnasts. These children are followed up by the Assistant School Medical Officers on the occasion of their next visit to the school.

#### EPILEPSY.

All children suffering from epilepsy of any type, and whose condition does not prevent them from attending school, are examined each year as "Specials" at the periodic medical inspections. Those who are unable to attend school are supervised in their homes. The number of cases of epilepsy in 1950 was 7, and this figure remains fairly constant.

Reference is made in the section on maladjusted children to the use of the electro-encephalograph in elucidating certain special disturbances of behaviour that are probably related to epilepsy.

There were no new admissions to Special Schools for Epilepsy during 1950, but 3 children were already receiving education and treatment at such schools on 1st January, 1950. One of these cases had been discharged before the end of the year.

#### EDUCATIONALLY SUB-NORMAL CHILDREN.

Provision for the education of these children is still one of the most difficult problems, and there is very little improvement in the number of places available in Special Schools.

The number of such schools at present in existence for these children, and the accommodation therein, is quite inadequate to provide for the number of children requiring special educational treatment in either residential or day schools.

The largely rural nature of Berkshire increases the difficulty of the Authority in providing suitable education for those children who are considered to require special educational treatment by way of a special class in an ordinary school.

The number of new cases needing intelligence testing is now almost stationary, but the time of the Assistant School Medical Officers that is available for this work is barely sufficient to keep pace with the incoming cases. The difficulty is increased by the fact that the work can only be carried out by those officers who have received special training. Assistant School Medical Officers holding the necessary qualification completed 270 intelligence tests on school children during the year.

The following table shows the number of children at present awaiting special educational treatment of the various types :—

	Special Residential School (a)	Special Day School (b)	Special Class in an Ordinary School (c)
<i>Boys</i> ...    ...	232	11	114
<i>Girls</i> ...    ...	127	25	44
Totals    ...	359	37	158

It is expected that a Special School for Educationally Sub-Normal Children will be opened in the county early in 1951. This will provide special educational treatment of a residential nature for girls, and day accommodation for boys.

There were 6 new cases admitted to Special Schools during 1950, which, with 4 already in such schools on 1st January, 1950, made a total of 10 children receiving special educational treatment of a residential type during the year. No child had been discharged before the end of the year.

#### MENTALLY DEFECTIVE CHILDREN.

All children found at periodic medical inspection to be in any way mentally sub-normal are immediately followed up by obtaining the appropriate special report from the head teacher. This provides the necessary basis upon which a decision can be made as to the necessity for a full intelligence test. During 1950 a total of 59 children were considered, after testing, to be so mentally defective as to make it necessary to report them to the Local Health Authority under Section 57 of the Education Act, 1944. The increase in the work of ascertainment of educationally sub-normal children is shown by the rise in this figure during recent years. The numbers of children reported to the Local Health Authority in each of the last four years previous to 1950 were respectively 10, 19, 15 and 34. Some of this increase, of course, is due to the taking up of arrears, but we are now much nearer to ascertaining, at the most appropriate time having regard to the type of case, the annual inflow of genuinely ineducable children. Application for such cases is frequently made when the child is very young, and this is sometimes due to the fact that the parents desire institutional care for the child. In most cases, however, the general principle that is followed is to postpone a final decision until the child is seven years or so of age. In a matter that is of such vital importance to the future of the child, it is of very great importance that the child should have the benefit of every doubt until the position is quite clear.

#### MALADJUSTED PUPILS.

A Joint Committee of the Berkshire County and Reading Borough Education Committees controls the Berkshire Child Guidance Clinics. The headquarters of these is at 27, Kidmore Road, Caversham, and there is also a



branch at 3, Clare Road, Maidenhead. Clinics are held at the following centres :—

Abingdon, Summerfield Hostel.

Caversham, 27, Kidmore Road.

Maidenhead, Villa Cellini.

Newbury, Greenham House.

Windsor, St. Michael's Hostel.

The hostel at the headquarters in Caversham was closed at the end of 1949 and re-opened at 2, St. Peter's Hill, Caversham. Three other hostels are situated, in the county area, at :—

“ Summerfield,” Abingdon.

“ Villa Cellini,” Maidenhead.

“ St. Michael's,” Windsor.

A Parents' Club was started at the headquarters in Caversham on 16th February, 1950, as an experiment, and meetings are held by one of the Psychiatric Social Workers once a month. This group work appears to serve a most useful purpose with a certain type of parent. It has been found that discussion flows freely in such a group, and that a great deal can be done to help parents, who in so many of these cases are the main factor in the situation that really requires treatment. At the same time, of course, although such a group has special advantages, it can only be a supplement to individual home visiting by the Psychiatric Social Workers.

It is interesting to note that these Clinics have been recognised by the Examining Board in England for the training of students for the Diploma in Psychological Medicine.

Behaviour disorders continue to be the most common cause for which children are referred to the clinics. There has been some slight increase in the number of cases sent to the clinics on account of nervousness, stealing, and backwardness.

Detailed statistics of the work carried out at these clinics during the year will be found in Table 8, on page 32. These figures show some changes from those for the previous year, the main differences being :—

- (i) The number of cases outstanding on 31st December, 1950 (155) has almost exactly doubled the corresponding figure (77) for 1949.
- (ii) The average number of attendances, per case actually seen, increased from 5·4 in 1949 to 7·8 in 1950.
- (iii) The number of interviews and visits by the Psychiatric Social Workers increased considerably, from approximately 580 in 1949 to approximately 1,060 in 1950.

Five children were admitted to the Mulberry Bush School during the year which, with 11 cases already in this and similar schools on 1st January, 1950, made a total of 16 children undergoing treatment and education during 1950. Discharges amounted to 9 by the end of the year and the financial responsibility for one child was taken over by the Middlesex Education Committee.

In a small number of special cases use was again made of the electro-encephalograph. These cases belonged to that type of behaviour problem that seems to have rather characteristic features ; the disturbance of behaviour (in many such cases the main feature consists of attacks of rage) tends to be intermittent or episodic, and is often preceded by a recognisable premonitory



state. When these characteristics are apparent, indeed, the condition may be strongly suspected on clinical grounds, and it is possible that fuller investigation of more cases may reveal further specific behaviour characteristics in these children, and that this will render easier diagnosis by simple clinical observation. Meanwhile, the relation to epileptic states is apparent. The electro-encephalogram is often abnormal and epileptic in type, and in at least one case great improvement was effected by the use of anti-convulsant treatment.

#### INFECTIOUS DISEASE.

The names of all children absent from school on account of infectious disease are notified by the head teachers each week and this information is forwarded to the appropriate District Medical Officer of Health. The following list gives the number of cases notified during 1950 :—

Chickenpox	...	...	...	...	...	...	243
Whooping Cough	...	...	...	...	...	...	164
Scarlet Fever	...	...	...	...	...	...	129
Measles	...	...	...	...	...	...	87
Mumps	...	...	...	...	...	...	33
Impetigo	...	...	...	...	...	...	32
German Measles	...	...	...	...	...	...	11
Ringworm	...	...	...	...	...	...	10
Infective Hepatitis	...	...	...	...	...	...	4
Infantile Paralysis	...	...	...	...	...	...	3
Tonsilitis	...	...	...	...	...	...	3
Conjunctivitis	...	...	...	...	...	...	2
Dermatitis	...	...	...	...	...	...	2
" Pink Eye "	...	...	...	...	...	...	2
" Sores "	...	...	...	...	...	...	2
Diphtheria	...	...	...	...	...	...	1
Erysipelas	...	...	...	...	...	...	1
Rheumatic Fever	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	1
*Sore Throat	...	...	...	...	...	...	9
Total	...	...	...	...	...	...	740

\* The notification of " Sore Throat " is only requested when it is known that there are cases of Scarlet Fever in the neighbourhood.

#### NURSERY SCHOOLS.

All these schools are periodically visited by the Assistant School Medical Officers and the children in attendance are medically examined. The School Nurses assist the medical officers at these inspections and, in addition, visit each school at least once a month in order to make a general examination of each child in attendance. The total number examined by the Assistant School Medical Officers, 629 including " Specials," shows a slight increase on the corresponding figure (614) for the previous year. The classification of the

nutrition of the children inspected is shown in the following table, together with the statistics for the previous year :—

Year.	A (good).		B (fair).		C (poor).	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
1949 ...	167	27.1	399	64.9	48	7.8
1950 ...	433	24.4	315	72.7	12	2.7

Owing to the lack of School Dental Officers it was not found possible to dentally inspect the children in attendance at any of the Nursery Schools.

For full details of the work carried out in connection with the Nursery Schools, see Table 6 on page 29.

#### SPECIAL EXAMINATIONS.

Medical inspection was carried out once a term at Roysse's School, Abingdon, and was provided also at the Mulberry Bush School for maladjusted children. Arrangements were also made to medically inspect the students at the Teachers' Training College at Easthampstead Park, and those of the Berkshire Institute of Agriculture at Hurley.

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## ANNUAL REPORT OF THE SENIOR SCHOOL DENTAL OFFICER REGARDING DENTAL INSPECTION AND TREATMENT FOR THE YEAR 1950.

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It is with great pleasure that I present the Annual Report for 1950 on the dental inspection and treatment of the children in attendance at the schools maintained by the Berkshire Education Committee.

The number of Assistant School Dental Officers was the same at 31st December, 1950, as at the end of the previous year, a fact upon which we may congratulate ourselves in the present circumstances. I must, however, record with regret the resignation, at the end of the year, of Miss E. M. S. Scanlan who was the first School Dental Officer to be appointed in this county. Miss Scanlan commenced duty when the School Dental Service came into operation in Berkshire in 1927. It was a pity that we had to lose an officer who had served the county for so long and so well.

During the year the School Dental Officers examined a total of 11,445 children. The drop in numbers from those for 1949 (20,005) is due to the fact that two officers resigned in December, 1949, and only one replacement (part-time) was obtained in January, 1950. The number found to require



treatment was 6,100 ; the corresponding figure for 1949 was 12,147. The percentage found to require treatment of those inspected fell from 60·7 in 1949 to 53·2 in 1950. It is to be hoped that this will be maintained, although with the continued under-establishment of the professional dental staff it is a hope which is not likely to be fulfilled.

By the end of the year 7,270 children had received, or were still undergoing, treatment. The fact that more children were, apparently, treated than had actually been found to require treatment was due to less children being inspected during 1950 and, therefore, it was possible to treat more of those children who, at the end of the previous year, had not then commenced treatment.

As far as possible the treatment centres are provided at places readily accessible to the homes of the majority of the children. In many instances, however, this entails the carrying out of treatment under conditions which are very far from ideal. Whilst more fixed clinics would solve the question of better working conditions, the taking of treatment to the various villages, large or small, undoubtedly has a very big effect upon the number of consents received for such treatment and the subsequent attendances at the clinics.

A detailed summary of the work carried out by the School Dental Officers, during 1950, will be found in Table 5 on page 27.

A comparison of the results with those for the previous year shows that, although the number of children actually treated remained constant, less work had been done. This was due to the lack of staff and meant that less children had had their treatment completed by the end of the year.

The main statistics, i.e. Fillings and Extractions, show some variation. The number of Fillings dropped considerably, although the number of extractions remained approximately the same.

The following table gives these figures for the two years in question :—

Year.	Number actually treated.	Fillings.			Extractions.		
		Permanent Teeth.	Temporary Teeth.	Percentage.	Permanent Teeth.	Temporary Teeth.	Percentage.
1949 ...	7,544	6,175	1,262	98·5	1,157	8,885	133·0
1950 ...	7,270	3,660	758	60·8	1,154	5,933	97·4*

N.B.—The percentages represent the total number of fillings or extractions compared to the number actually treated.

The drop at\*, in the above table, is accounted for by the fact that far fewer Temporary Teeth were extracted, during 1950, in proportion to the Permanent Teeth. If one takes Temporary Teeth alone, the percentages for extractions are : 1949—15·3% and 1950—15·8% ; a difference so small as to be negligible.

The Minister of Education required, as from 1st January, 1950, the number of actual teeth filled in addition to the number of fillings. Comparison of these two sets of figures shows that an average of 1·09 fillings were made to each permanent, and 1·02 to each temporary, tooth.

New statistics were also required concerning those who were actually referred for treatment. This number, for 1950, was 13,073, which represents



an attendance of 55·6%. Although it is impossible to compare these figures with those for previous years it is, I think, a fair average.

Dental work among school children is, unfortunately, decreasing rapidly and, until the number of staff can be substantially increased, conservative work on deciduous teeth will suffer. This worsening of the position applies not only to Berkshire, and this problem of lack of staff will not be solved until a means is found whereby dentists can be attracted back into, and new recruits encouraged to join, the School Dental Service.

The National Health Service has failed in so far as it has benefited the adult population at the expense of the children, and provided no real alternative, as the number of children treated by the private dentists does not balance those who can no longer obtain treatment through the School Dental Service. This particularly applies to the rural areas where a visit to a private dentist often entails a long and awkward journey and occupies a large amount of time.

Gas Clinics are still held only at the fixed clinics in the Boroughs of Maidenhead, Newbury, and New Windsor, but the number of administrations of general anaesthetics has increased as such clinics are now held more frequently. The vast majority of the temporary clinics are not places where it is considered advisable to hold gas clinics.

One of the Assistant School Medical Officers, who is a qualified specialist, acts as anaesthetist at these clinics.

Dentures are provided for those children who have lost anterior teeth and Regulation Plates for those with misplaced teeth. This is work which has always been greatly appreciated by both children and parents.

Details of the work so done, during 1950, are given below, together with those for 1949 :—

					1950.	1949.
Regulation Plates (Orthodontic) :—						
Impressions ...	...	...	...	...	109	54
Plates fitted...	...	...	...	...	64	98
Adjustments	...	...	...	...	458	176
Dentures :—						
Impressions ...	...	...	...	...	22	86
Plates fitted...	...	...	...	...	18	25

All Nursery Schools are inspected, normally, in rotation with the other schools in the county but, owing to the lack of staff, these together with a number of other schools were unable to receive any visits by the School Dental Officers.

X-ray photographs were taken in 15 instances during the year and I am indebted to those hospitals concerned for their very valuable assistance.

A number of children, under five years of age, were treated as usual and details of this work will be found in Table 7 on page 31. These statistics remain fairly constant.

A small amount of dental work was performed for expectant and nursing mothers. Details are given in Table 7 on page 31. These figures show a slight decrease on those for the previous year.

The two Mobile Dental Units now in use continue to be a great asset to the School Dental Service. They are extremely popular with the children, their parents, and the teachers. These Units also provide the School Dental

Officers with a modern clinic and equipment and, there is no doubt, have a very real publicity value.

I should like once again to record my sincere thanks to the dental staff, both officers and attendants, for their continued conscientious work. One must also include the clerical staff of the School Health Department without whose unremitting and, usually, unseen work no dental scheme can ever be truly successful.

O. JACOB,

*Senior School Dental Officer.*

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## SCHOOL MEALS SERVICE

AND

## MILK IN SCHOOLS.

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REPORT BY THE SCHOOL MEALS OFFICER.

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The figures in the statistical tables continue to show a marked improvement in the health of the school children of the county and I am convinced that the extension of the School Meals Service, together with the Milk in Schools Scheme, is largely responsible for this satisfactory standard of health.

During the period under review, the Deputy County Medical Officer visited all the Central Kitchens and School Canteens in the county and, having regard to the structural difficulties which exist in many of the buildings, the condition of the premises is generally satisfactory and the standard of the meals remarkably high. As the result of this survey, many suggestions have been made for improving the premises, especially from the hygienic point of view, and lectures and film exhibitions have been given to the Canteen Staffs on the subject of personal hygiene.

The facilities for the provision of meals have again been increased and every school in the county is now covered by the service. The average number of Berkshire children taking their mid-day meal at school is now 18,764, and 1,537 children receive free meals.

In assessing the expansion of the School Meals Service it is interesting to note that, in 1940, a few hundred thousand meals were served in the Berkshire schools, whereas, in 1950, four and a quarter million meals were served to the various educational establishments in the county. It is gratifying to note that no outbreak of food- or milk-borne disease was recorded during the year.

Free milk is supplied to all children in attendance at school in accordance with the Regulations of the Ministry of Education and, on an average, over 25,000 children are taking milk daily in the Berkshire schools. As the result of sustained effort during the past year, I am pleased to report that all the schools are now receiving either Tuberculin Tested or Pasteurised Milk.

J. A. WILLIAMS,

*School Meals Officer.*



## PHYSICAL TRAINING.

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REPORT BY THE PHYSICAL TRAINING ORGANISERS (BOYS AND GIRLS).

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The development of physical education in schools has gone on throughout the year. A better supply of equipment for physical training and games, and improved playground and playing field facilities, have materially contributed to this progress.

Training courses in physical training, folk dancing, and in coaching for games have been held at various centres in the county for teachers of primary and secondary school children.

As a result of these factors the teachers appreciate the value of physical education to the child and to the school community. An encouraging feature lies in the success of the efforts of many of the teachers to develop the mental and physical skills of the child through a more individual treatment and through practice with a wider variety of apparatus.

Despite the policy of the Committee in making an annual provision of plimsolls for physical training, there is still a shortage in some schools. Every effort is made to encourage the children to bring their own gym. shoes and to avoid the undesirable practice of sharing footwear. The wearing of suitable shoes for physical training has a direct bearing upon the development of strong, supple feet and good posture.

In every secondary school where there is an indoor gymnasium or hall, the children now change into P.T. kit and, wherever the facility exists, the showers are used. An increasing number of all-age schools are encouraging this policy of a complete change of clothing for P.T., though the changing and washing facilities are often very inadequate. It is obvious that, as this feature of the work develops, there must be adequate provision for the hygienic storage and laundering of P.T. kit ; this presents a problem which, at present, is not easily solved, even in our most modern buildings.

In all areas of the county there is a keen appreciation of the value of games coaching and competition in the school and between schools. Implementation of the Committee's Development Plan has, in certain areas, provided sufficient acreage to meet the games needs of the children in the schools of the area, and it is hoped that playing field facilities—their layout and maintenance—will continue to improve steadily.

The interest and participation of all types of schools in the coaching of athletics is most encouraging. The Committee have recently approved the provision of athletic jumping pits in an endeavour to stimulate interest and to take precautions against injury.

In spite of the comparatively poor facilities for the teaching of swimming in the county, there is a commendable keenness among the teachers and the children. Where necessary the Committee provide transport and pay admission fees to baths. Every available pool in the county is used to capacity. With an instructional swimming season that lasts for not more than ten weeks and with swimming pools that are all open air and unsuitable for teaching purposes, it is a great tribute to the keenness of the teachers and the children that, in 1950, more than 1,000 children were taught to swim. In an endeavour to sustain this



keenness, and to achieve an improved standard in the style of swimming and life-saving, it is intended to introduce, in 1951, a carefully graded series of swimming tests which will be recognised by the award of County Swimming Certificates.

In retrospect, 1950 has been a year of encouraging progress. The co-operation of the teachers and their refreshing keenness for the work have been amply reflected in the improved standard of physical education on the playground and on the games field.

K. McCONNELL,

R. FEARON,

*Physical Training Organisers.*

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## STATISTICAL TABLES

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N.B.—Tables 1 to 5 are as prescribed by the Minister of Education.

All figures and percentages in these tables refer, unless otherwise stated, to the calendar year, i.e. 1st January to 31st December, 1950.

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TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A PERIODIC MEDICAL INSPECTIONS :—							
Number of Inspections in the Prescribed Groups :—							
Entrants	...	...	...	...	...	...	4,452
Second Age Group	...	...	...	...	...	...	1,456
Third Age Group	...	...	...	...	...	...	1,174
Total	...	...	...	...	...	...	7,082
Number of Other Periodic Inspections	...	...	...	...	...	...	4,142
Grand Total	...	...	...	...	...	...	11,224
B. OTHER INSPECTIONS :—							
Number of Special Inspections	...	...	...	...	...	...	4,344
Number of Re-inspections	...	...	...	...	...	...	35
Total	...	...	...	...	...	...	4,379

C. PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group. (1)	For Defective Vision (excluding Squint). (2)	For any of the other Conditions recorded in Table 2 A. (3)	Total Individual Pupils. (4)
Entrants ... ..	266	770	905
Second Age Group ...	41	128	145
Third Age Group... ..	49	129	151
Totals ... ..	356	1,027	1,201
Other Periodic Inspections	190	471	576
GRAND TOTALS ...	546	1,498	1,777



TABLE 2.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	Periodic Inspections.		Special Inspections.	
	Number of Defects.			
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Skin ... ..	43	37	18	16
Eyes—				
Vision ... ..	546	463	312	307
Squint ... ..	71	74	44	46
Other ... ..	30	28	15	10
Ears—				
Hearing... ..	34	35	37	29
Otitis Media ... ..	32	60	14	36
Other ... ..	14	35	10	22
Nose and Throat ... ..	334	711	219	278
Speech ... ..	27	56	33	63
Cervical Glands ... ..	10	160	3	38
Heart and Circulation ... ..	54	105	24	84
Lungs ... ..	34	158	21	95
Developmental—				
Hernia ... ..	19	19	3	15
Other ... ..	40	55	12	44
Orthopaedic—				
Posture ... ..	50	102	39	84
Flat Feet ... ..	60	181	49	117
Other ... ..	183	109	70	114
Nervous System—				
Epilepsy ... ..	1	15	6	20
Other ... ..	6	31	7	14
Psychological—				
Development ... ..	52	59	104	114
Stability ... ..	11	40	13	41
Other Defects and Diseases ...	397	265	137	215

TABLE 2—*continued*.

## B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups.	Number of Pupils inspected. (a)	A (good).		B (fair).		C (poor).	
		Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
Entrants ...	4,452	1,012	22·7	3,195	71·7	245	5·5
Second Age Group	1,456	470	32·2	888	60·9	98	6·7
Third Age Group	1,174	455	38·7	652	55·5	67	5·7
Other Periodic Inspections ...	4,142	1,102	26·6	2,695	65·0	345	8·3
TOTALS ...	11,224	3,039	27·0	7,430	66·1	755	6·7

N.B.—The percentages are, in each case, the total of the previous column compared to the total in Column (a).

TABLE 3.

## INFESTATION WITH VERMIN.

(i) Total Number of Examinations in the Schools by School Nurses or other Authorised Persons ... ..	67,921
(ii) Total Number of <i>Individual</i> Pupils found to be infested ... ..	1,436
(iii) Number of Individual Pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944) ... ..	—
(iv) Number of Individual Pupils in respect of whom Cleansing Notices were issued (Section 54 (3), Education Act, 1944) ... ..	—

TABLE 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS.

## GROUP 1.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS).

Disease.	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—		
Scalp ... ..	1	Unknown
Body ... ..	1	
Scabies ... ..	7	
Impetigo ... ..	54	
Other Skin Diseases ... ..	35	
Total ... ..	98	

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and Other (excluding errors of refraction and squint)	114	Unknown
Errors of Refraction (including squint) ... ..	3,272	
Total ... ..	3,386	
Number of Pupils for whom Spectacles were :—		
(a) Prescribed ... ..	581	
(b) Obtained ... ..	Not known	
Total ... ..	—	

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received Operative Treatment :—		Unknown
(a) for Diseases of the Ear ... ..	—	
(b) for Adenoids and Chronic Tonsilitis ... ..	—	
(c) for other Nose and Throat Conditions ... ..	—	
Received other forms of treatment ... ..	85	
Total ... ..	85	



TABLE 4—*continued.*

## GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as In-patients in Hospitals ... ..	... ..	4*
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g. in Clinics or Out-patient Departments ... ..	451	Unknown

\* This figure does not include those children treated as in-patients at the Wingfield-Morris Orthopaedic Hospital, Headington, Oxford, concerning whom no information is now available.

## GROUP 5.—CHILD GUIDANCE.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ... ..	119	Unknown

## GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists ... ..	85	Unknown

## GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Miscellaneous Minor Ailments ... ..	6,213	Unknown
(b) Other (specify) ... ..	—	
Total ... ..	6,213	

TABLE 5.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE  
AUTHORITY.

Number of pupils inspected by the Authority's Dental Officers :—

[illegible]

TABLE 6.

## NURSERY SCHOOLS.

## A. INSPECTIONS BY THE ASSISTANT SCHOOL MEDICAL OFFICERS.

(i) Number examined :—

Routines	...	...	...	...	...	...	433
Specials	...	...	...	...	...	...	196
Total	...	...	...	...	...	...	629

(ii) Classification of the Nutrition of the Routine Cases :—

Total Number of Children examined.	A (Good).		B (Fair).		C (Poor).	
	Number.	Percent- age.	Number.	Percent- age.	Number.	Percent- age.
433	106	24.4	315	72.7	12	2.7

N.B.—These figures and percentages do not include “Specials” as these statistics, regarding the nutrition of this Group, are not required by the Ministry of Education.

The percentages represent the numbers in the previous columns compared to the total number of children examined.



TABLE 6—continued.

## (iii) RETURN OF ALL DEFECTS FOUND BY MEDICAL INSPECTIONS AT THE NURSERY SCHOOLS.

Defect or Disease	Periodic Inspections.		Special Inspections.	
	Number of Defects.			
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin ... ..	1	5	—	—
Eyes—				
Vision ... ..	1	6	—	—
Squint ... ..	6	7	7	8
Other ... ..	1	1	—	—
Ears—				
Hearing ... ..	—	—	1	1
Otitis Media ... ..	1	3	—	1
Other ... ..	1	2	1	1
Nose and Throat ...	6	52	7	38
Speech... ..	2	8	4	11
Cervical Glands ...	—	19	—	9
Heart and Circulation	2	9	3	6
Lungs ... ..	2	5	3	4
Developmental—				
Hernia ... ..	1	1	—	3
Other ... ..	6	7	1	1
Orthopaedic—				
Posture ... ..	2	—	1	1
Flat Feet ... ..	4	12	1	11
Other ... ..	36	26	19	33
Nervous System—				
Epilepsy ... ..	—	—	—	—
Other ... ..	2	—	—	1
Psychological—				
Development ... ..	—	3	2	7
Stability ... ..	—	2	—	—
Other Defects and Diseases ... ..	33	9	17	5

TABLE 6—*continued*.

## B. GENERAL INSPECTIONS BY THE SCHOOL NURSES IN THE NURSERY SCHOOLS.

Number of Schools.	Number of Visits to Schools.	Number of Inspections.	Number found Unclean.	Percentage found Unclean.	Number of Children excluded from attendance.
13	44	1,285	32	2.48	1

## C. DENTAL INSPECTION AND TREATMENT.

Owing to the lack of Dental Staff it was not possible to carry out any inspections in the Nursery Schools during the year ended 31st December, 1950.

## D. TREATMENT FOR DEFECTIVE VISION.

All children referred for treatment on account of eye defects are given appointments at the School Eye Clinics and the numbers, referring to these children in attendance at the Nursery Schools, are included in the general statistics.

## E. TREATMENT FOR ALL OTHER DEFECTS AND DISEASES.

All other forms of treatment, for children in attendance at the Nursery Schools, are available through the normal channels and statistics applicable thereto are included in the general figures.

TABLE 7.

## SPECIAL SCHOOLS.

ADMISSIONS AND DISCHARGES DURING THE YEAR ENDED 31ST DECEMBER, 1950.

Condition.	In-patients on 1st January, 1950.	Admitted during 1950.	Discharged during 1950.	In-patients on 31st December, 1950.
Blind ... ..	3	1	—	4
Partially Blind ... ..	3	1(a)	—	4
Deaf and Dumb ... ..	28	4	1	31
Partially Deaf ... ..	7	3	2	8
Educationally Sub-normal ...	4	6	—	10
Epileptic... ..	3	—	1	2
Heart ... ..	2	2	—	4
Maladjusted ... ..	11	5	10(b)	6
Physically Handicapped(c) ...	3	1	—	4
Spastic ... ..	1	—	—	1
Speech ... ..	1	3	—	4
Miscellaneous ... ..	—	16	16	—
TOTALS ... ..	66	42	30	78

N.B.—(a) The financial responsibility for this case was taken over from the Gloucestershire Education Committee when the parents moved into this county.

(b) The financial responsibility for one of these cases was taken over by the Middlesex Education Committee when the parents moved into that county.

(c) These figures do *not* include those children treated at the Wingfield-Morris Orthopaedic Hospital School, Headington, Oxford, as information regarding the in-patient treatment of these cases is no longer available.



TABLE 8.

## CHILD GUIDANCE.

SUMMARY OF THE WORK CARRIED OUT AT THE BERKSHIRE CHILD GUIDANCE CLINICS DURING 1950, ON BEHALF OF CHILDREN ATTENDING THE MAINTAINED SCHOOLS IN BERKSHIRE

Number of cases outstanding on 1st January, 1950	...	...	...	...	...	...	...	...	...	77
Number of cases referred for treatment during 1950	...	...	...	...	...	...	...	...	...	200
Number of cases re-opened during 1950	...	...	...	...	...	...	...	...	...	21
Total	...	...	...	...	...	...	...	...	...	298

Number of cases treated and/or closed during 1950 :—

Adjusted	...	...	...	...	...	...	...	...	...	13
Improved	...	...	...	...	...	...	...	...	...	28
No change	...	...	...	...	...	...	...	...	...	6
Prematurely closed	...	...	...	...	...	...	...	...	...	11
Advice and Supervision	...	...	...	...	...	...	...	...	...	3
Total	...	...	...	...	...	...	...	...	...	61
Number not seen for various reasons	...	...	...	...	...	...	...	...	...	24
Number seen for consultation and advice only	...	...	...	...	...	...	...	...	...	58

Number of cases outstanding on 31st December, 1950 :—

Under supervision	...	...	...	...	...	...	...	...	...	56
Under treatment	...	...	...	...	...	...	...	...	...	24
Awaiting treatment	...	...	...	...	...	...	...	...	...	38
Awaiting diagnosis	...	...	...	...	...	...	...	...	...	37
Total	...	...	...	...	...	...	...	...	...	155
GRAND TOTAL	...	...	...	...	...	...	...	...	...	298

Number of attendances for consultation and treatment ... 1,116

Number of interviews and/or visits :—

Psychotherapist—

Consultation	...	...	...	...	...	...	...	...	...	189
Treatment	...	...	...	...	...	...	...	...	...	832
Total	...	...	...	...	...	...	...	...	...	1,021

Clinical Psychologist—

Intelligence Testing	...	...	...	...	...	...	...	...	...	184
Remedial Coaching	...	...	...	...	...	...	...	...	...	64
Total	...	...	...	...	...	...	...	...	...	248

Psychiatric Social Workers—

Clinic (approximately)	...	...	...	...	...	...	...	...	...	630
School (approximately)	...	...	...	...	...	...	...	...	...	350
Home (approximately)	...	...	...	...	...	...	...	...	...	80
Total (approximately)	...	...	...	...	...	...	...	...	...	1,060

GRAND TOTAL (approximately) ... 2,329

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